



**COMBINED DECLARATION FOR  
UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63); AND  
POWER OF ATTORNEY**

☐ Declaration  
Submitted  
With Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16(e))  
required)

Attorney Docket  
Number

54039-400200

First Named Inventor

Ian Hugh GODFREY

COMPLETE IF KNOWN

Application Number

10/599,897

Filing Date

October 12, 2006

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventory(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ENCAPSULATION OF HAZARDOUS WASTE MATERIALS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

04/13/2005

as United States Application Number or PCT International

Application Number

PCT/GB05/01423

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		Certified Copy Attached?	
					YES	NO
0408113.9	GB	04/13/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

over

**DECLARATION – Utility or Design Patent Application  
and Power of Attorney**

I hereby appoint:



Practitioners associated with the Customer Number:

27-717

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all  
correspondence to:



The address associated  
with Customer Number:

27-717

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**



A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Ian Hugh

Family Name or Surname

GODFREY

Inventor's Signature

*Ian Hugh Godfrey*

Date

Residence: City

Cumbria

State

Country

United Kingdom

Citizenship

United Kingdom

Mailing Address

Linmel Lodge, St. Bees Road, Whitehaven,

City

Cumbria

State

Zip

CA25 9UB

Country

United Kingdom

**NAME OF SECOND INVENTOR:**



A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Edward John

Family Name or Surname

BUTCHER

Inventor's Signature

*Edward John Butcher*

Date

Residence: City

Cumbria

State

Country

United Kingdom

Citizenship

United Kingdom

Mailing Address

11 Abbey Farm, Abbey Road, St. Bees,

City

Cumbria

State

Zip

CA27 0DY

Country

United Kingdom



Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Joanne Louise		PARR	
Inventor's Signature <i>Joanne Louise Parr</i>		Date	
Cumbria	State	United Kingdom	United Kingdom
Residence: City		Country	Citizenship
47 East Road, Egremont			
Mailing Address			
Cumbria	State	CA22 2EF	United Kingdom
City		Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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## DECLARATION - Supplemental Priority Data Sheet

[illegible]

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